STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST TYPE OR PRINTS March 15. Rav Fligene Artice 4 RACE 5 DATE OF BIRTH A AGE JIN YEARS LAST BIRTHDAY 3. SEX MONTH DAY Male White Sept. 62 IN BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY MARRIED X NEVER MARRIED COUNTRY) WIDOWED DIVORCED Mary land Garrett OF CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION (IF NOT IN SUCH EACHITY GIVE STREET ADDRESS) Pavloader Oakland Garrett County Memorial Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION)
136 STATE
136 COLINTY 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO [Box 72 Accident P.O. Maryland Garrett 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE LAST Harvey Franklin Artice Haze Trene 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES! LYES NO OR LINKNOWN) No 212-24-0742 CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c),) PART I. DEATH WAS CAUSED BY metastatic mostate cuncer IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216 TIME OF INTURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF FITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased, Iram. saw the deceased alive anabave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE

1987 12:45 AM IF UNDER 1 YEAR ONTHS DAYS 9 BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Roads County 21520 Firmstone PADDRESS BOX 72 21520 Mrs. Edna E. Artice Accident, Maryland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (aur) opinion death occurred an the date and have and from the causes stated 22c. DATE SIGNED MEDICAL ATTENDING DIRECTOR PHYSICIAN PHYSICIAN 22e. ADDRESS 22d. PHYSICIAN'S NAME I YPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE STATE 3/18/87 St. John's Luth. Cemet Accident, Garrett 250 DAAE RECOUNT REGISTEAR 250 REGISTRAR'S SIGNATURE Grantsville, MD

2h HOUR

DHMH - 16 60M 7/84 (VRA 15, 4)

FUNERAL

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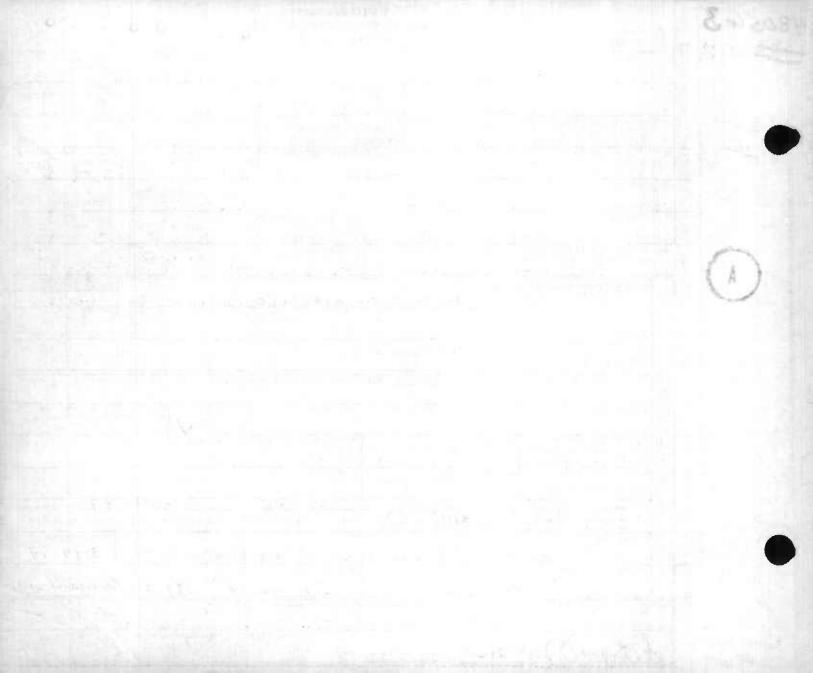
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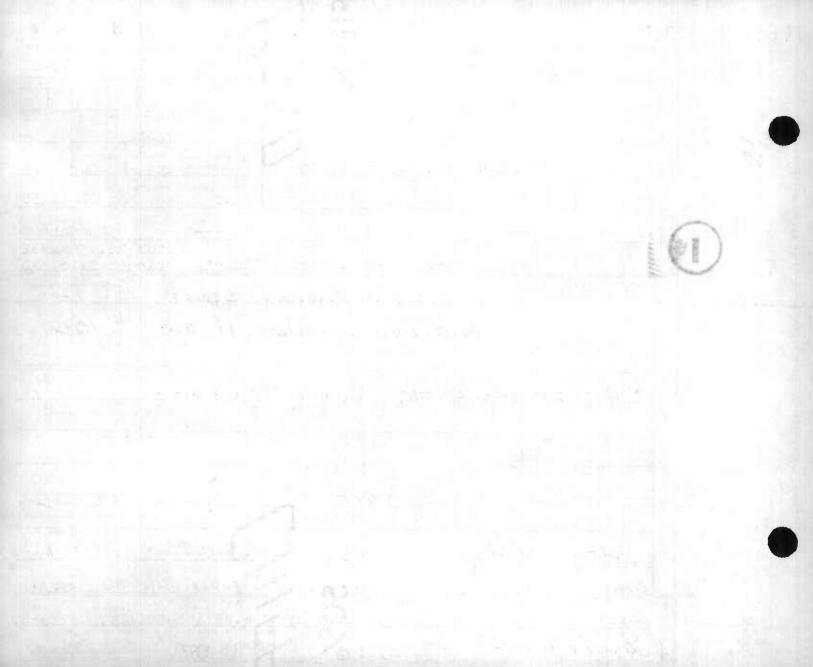
Burial

24. FUNERAL DIRECTOR



Grantsville, MD

(VRA 15, 4)



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FASSE AS	N		TH 163, 3142	WAR ON DATES	298-2	8-0372	2	Patient	recor	ds		land.			
SOFE		IR CAUSE OF	DEATH (Enter on	ly one cause per line f	ar (a), (b), ar	nd (c).)			-				APE	PROXIMATE	NTERVAL AND DEATH
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TO MEDICAL EXAMINER: THE EXPERIENCE TO PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STABLANTINORE, MARYLAND, 2		22a I certify death resulted ACTUATURE EXAMINER'S N. (TYPE OR PRINT	AME James	H. Feas	Accident C	Jr.,	M.	Hamicide TITLE (SPECI	TY ME		anner,		3-2	8-19 d, M	
ZOSKA9	23a.B	URIAL, CREMATION						RCREMATORY	23d.	LOCATION ITY OR TOWN		cou	NTY	STA	TE
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53	Softe Softe		Oakland		Garret	t Coun	ty Memor	ial Hospital	Grand Businessman/Fa	NG LIFE) INDUSTRY		
ND 2	24 hor	13a. S	TATE Md.	13b COUN	YTY	13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	Court	21520	
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ORE,	d co		AS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS			
IIWO	Page en		ES, NO OR JUKNOWN)	(11 123, 011	e wan on parely	212-0	3-4302	William L.	Duvall, Jr., Se	e #13 abo	ove	
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TAL	The house by Show	ERTI	21a. ACCIDENT WAS UND	FRIYING [7 216. TIME C	E IN ILIRY		121, HOW IN HIRY OCCU	YES NO RRED (ENTER NATURE OF INJURY IN ITEA	YES [NO 🗌	
¥ >			OR CONTRIBUTING	AUSE OF DE	HOUR A.	M. MONTH	H DAY YEAR	The How woods occor	TENTER NATIONS OF MODERN IN THE	TID PART I OR PART 2)		
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DIVISION OF VITAL	NG PH ifter this os the th and briked o	ME	WHILE NOT WH	ILE [(AT HOME ST	REET, FACTORY, O	FFICE, FARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
	Z - & S - E - S		220.1 certify that (I)				479 679	19.81	to March Z		that (I) (we) lost	
			saw the decease abave, (1) (we) (c	did) (did no	t) view the bady	after death.			n death occurred an the date and		1000	
	- 080 m		226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECT									
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that reduct in the factor of the hospital or attending physician. (C) FUNERAL DIRECTOR: After this certificate has been signed by intifficial in hysician and camples should be detached for use as the burial-transit permit. Then please with the State Dept of Health and Mental Hygiene prior to burial, cremation, or remaval. MPORTANT: If them 21 is marked or them 28 shows any injury, or other traumatic event, the medical examination.		22d PHYSICIAN'S NA	AME (TYPE C	OR PRINT)			PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICIAN			
	HOS ained Pould I		Walter	- Na	umanu	1	MD	Accid	ent MDZ	-1520		
	5 # 5 # 3 Z		URIAL, CREMATION,	REMOVAL	236. DATE		23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR FOWN	(COLUMN)	21-17	
	BP		specify) bur	ial	3/26	/87	Idleman	Cemetery	Scherr, Gra	nt, West	Virginia	
	DHMH - 16 60M 7/84		NERAL DIRECTOR			a ADD		25a. DA	TE REC'D. BY REGISTRAR 256 RE	GISTRAR'S SIGNA	TURE	
	(VRA 15, 4)	Bra	adley A. S	tewar	t Oak	Land,	Maryland	21550 APR	06 1987	Diestion &	-less	

APR 0 6 887 ALL KIRL-BLAN

1.	FOR STATE	DEPARTA	STATE OF MAKTLAND SENT OF HEALTH AND MENTAL HYG	SIENE	8 . 5 0
U49766 188 - 200	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
J. DEV.	EASED NAME FIRST	MIDDLE	(AST	20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
o c c c c c c c c c c c c c c c c c c c	Jessi		Edeburn 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	7 87 4:20 pm
a die service de servi	F	4. RACE	MONTH 3 DAY YEAR 15		NIHS DAYS HOURS MIN.
	OUNTY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED A NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY C	OF DEATH MD
-2 # # 3 CO Oa	Rlend, Md.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY OVE STREET)	G HOME OR OTHER INSTITUTION :	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
SS S S S S S S S S S S S S S S S S S S	L RESIDENCE (IF NURSING HOME OR TATE	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		13. STREET ADDRESS / ZIP CODE	9191999
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製造機製の	Valter 9	7. Feath	n Estella	A =	riche
	(AS DECEASED EVER IN U.S. 1894) es, no or unknown) (IF Yes, Givi	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 232-86	-4482 Elevool	Edeburn Egl	lon, W. Va
T. BAL	PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), one D BY: E CAUSE (a)	re Hart Failed	1	BETWEEN ONSET AND DEATH
ON 5	MARLOIA	DUE TO, OR AS A CONSEQUE	NCE OF -		
PREST	Conditions, if any, which gave rise to immediate	16) /halant			
3 W.	couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF		
805, 20 Specified plant	PART 2 OTHER SIGNIFICANT C	onditions contributing to a	<u>PEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART 110
# 9 5 5 5 W	190 DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
DE VITAL CLAN. The physicion of the control of the	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
VISION OF PHYSICAL THE CAMPAGE OF TH	(IF EITHER NOTIFY MEDICAL EXAMINER 214 INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F.	19 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TENDIN of A Mountain	226.1 certify that (1) (this haspe sow the deceased alive on	toll attended the deceosed from	2, and that in (my) (our) opinion	deoth occurred on the date and hour	2 X 7, that (I) (we) lost and from the couses stated
Ched 1	above, (1) (Ne) (Ord) (did no	t) view the body after death.	DEGREE		224. DATE SIGNED
Sinter Control	276 PHYSICIAN'S NAME (14PE O	g ppinit)	ATTENDING PHYSICIAN DE 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	3/31/87
Number of Manual States	Robert M.C	joughling ND	P.O.B. 28 E	5hr, W26716	
	URIAL, CREMATION, REMOVAL	Feb. 20 1987 MA	PLESPRING CEMETER	RY EGLON PRES	75N W.V.
DHMH - 16 50M 4/83 24 EN	NERAL DIRECTOR	le PUBOXIBLESSY	AUS 10. 10 APP	REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATURE

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STATE OF MARYLAND 046997 MAR 13 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH / 20. DATE KNOWN L DECEASED NAME MONTH (TYPE OR PRINT) ESTI-Milton Clarence Elsey DEATH MATED 19 4. RACE & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS SEX DATE 2d HOUR LAST BIRTHOAY PRONOUNCED White Male 23 1907 DEAD 79 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE (STATE OR MARRIED K NEVER MARRIED FOREIGN COUNTRY) Garrett W. Va. USA WIDOWED [DIVORCED II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DOM: HOSPITAL H'CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) OakLanu Carpenter Railroad UAL RESIDENCE (IF IN NURS | HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e STREET ADDRESS UN COUNTY 13c CITY OR TOWN W.Va. 110 Adair St. Terra Alta YESXX NO FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elsev Ada Teets Spenser IT INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 110 Adair St. (YES, NO. OR UNKNOWN) 232-42-5203 Garnet H Elsev Yes WW 11 Terra Alta, wV 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) cond(c) nary artery disease APPROXIMATE INTERVAL IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSCIUENCE OF Arteriosclerosis, generalized 11 Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOT 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 2) e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE NOT WHILE Inspection 22a I certify that I look charge of the remains described above, held an Autopsy and in my opinion death resulted from Natural causes Accident / Hamicide Undetermined manner DATE 3-8-1987 ACTUAL SIGNATURE. M.D. MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 S. 2nd. St., Oakland, Ma. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b DATE 23(. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 3/10/1987 Terra Alta Cemetery Buria1 Terra Alta Preston 07/84 24 FUNERAL DIRECT 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE **DHMH - 17** ADDRESS Terra Alta, W.Va. (VR A) 5 ME (5))



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 2a. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) March 28, 1987 9:29 AM Katherine NMI Green qe 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 4 RACE MONTH Aug. 28, 1909 Female Black O. BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY) Virginia IISA Garrett WIDOWED DIVORCED T O CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Unknown Garrett Co. Memorial Hospital Oakland SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Washington 1342 F St., N.E. D.C. YES TX NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Unknown Unknown ADDRESS BALTIMORE, 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO. LYES. NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Patient records - Cuppett-Weeks Nursing Hm. 062-22-9064 No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: minute PRESTON ST. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF metapolic Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. 1000 er PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, brain Syndrome 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (I) (this hospital) attended the deceased from about March 28 March 27 sow the deceased alive on March 2-7 above, (1) (we) (did+(did not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 77b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 3-30-87 PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) alter Naumann ccident 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN Oakland Oakland Cemetery Garrett Maryland HMH - 16 60M 7/84 Durst Funeral Home - Oakland. Md. 21550

(VRA 15, 4)

STATE OF MARYLAND

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	page 3	-11	3. SE)	. Y	14	RACE	TILL	I S. DATE C	DE BIRTH		GE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
100	ector.		٠. ٥٠٠	Female			ite	Sept	DAY YEAR		47	YRS.	INTHS DAYS	HOURS MIN
-	. Po Plot	2/	7a BII	RTHPLACE (STATE OR F	OREIGN 71		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9.8	ALTIMORE CITY O	ADDUSTRY DATE OF BUSINESS OR INDUSTRY DATA Entry ESS / ZIP CODE Speicher Speicher Speicher Speicher		
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	HMH - 16 60M	7/84	24 FL	INERAL DIRECTOR					25a.		C'D. BY REGISTRAR			
	(VRA 15, 4)		Bra	adley A. S	tewart	Oak	land, Mar	yland	21550	APR C	0 6 1987	Julia D	endion.	Rudian

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STATE OF MARYLAND 49916 APR -9 OV - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TYPE OR PRINTI Hazel HAWK March 28, 1987 9:10 a m AGE (IN YEARS LAST BIRTHDAY) 3: SEX 4. RACE 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS 1912 White Female 10 BIRTHPLACE (STATE OF FOREIGN 16 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WVA USA Garrett WIDOWEDAT 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland Garrett Co. Memorial Hospital Homemaker SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
30. STATE 1136, COUNTY 1136, CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Star Rt 1. Box 500 NO [] WVa Grant Mt Storm 15. MOTHER'S MAIDEN NAME M. FATHER'S NAME MIDDLE MIDDLE Laurie Kitzmiller William Aronhalt ADDRESS IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT IYES, NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) Mount Storm, WV Dorothy Harvey No 18 CAUSE OF DEATH (Enter only one couse per line for to), (b) and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the decgased alive and that in (my) (apr) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (district) view the bady after death 226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e. ADDRESS 311 N. 4th St. Thomas G. Johnson, M.D. Oakland, Maryland 238. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Burial STATE Mt Storm Hawk Family Cemetery Grant 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE - 15 60M 7/84 2684 (VRA 15. 4) Schaeffer Funeral Home Petersburg. WV

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 7h HOUR TYPE OR PRINTI ESTI-Tva May HETRICK 6P. DEATH MATED 3. SEX 4. RACE 6. AGE (IN YEARS LE LINDER 24 HRS 2d HOUR 2c. DATE 81 VDS 3-7-1905 PRONOUNCED 830 White Female DEAD To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mary Land USA Garrett WIDOWED X DIVORCED IB. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Route 1. Box 2 FOR MOST OF WORKING LIFE) OWN Home Grantsville SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13b COUNTY 13d. INSIDE CITY LIMITS? 113e STREET ADDRESS Maryland Garrett Grantsville Box 29, 21536 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Bittinger Durst Harvey Anna RtDDRES1, Box 24 Grantsville, MD 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) 214-74-3069 Reed Hetrick. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). Coronery ertery disease Years DUE TO, OR AS A CONSEQUENCE OF 11 Conditions, if ony, which Arteriosclerotic cardio-vascular disease gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION Disbetes mellitus 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE 1 PRIOR TO BURIAL, YES I CATE, WRITING ... CATE, CATE, WRITING ... CATE, CORWARDED TO THE CATE 3 SHOULD BI 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COLINITY WHILE NOT WHILE TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR. PAGE 4 SHOULD BE FORWARI TO FUNEALL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 Inspection X Look charge of the remains described above held an and in my opinion Natural courses Accident Homicide Undetermined monner TITLE (SPECIFY) 2-27-1987 DEPUTY James H. Feaster, Jr, M. ADRess 107 S. 2nd. ST., Oakland, Md. (TYPE-OR PRINT) 23d. LOCATION Grantsville Cemetery Grantsvill 07/84 25M 24. FUNERAL DIRECTO **DHMH - 17** (VR A15 ME (5))

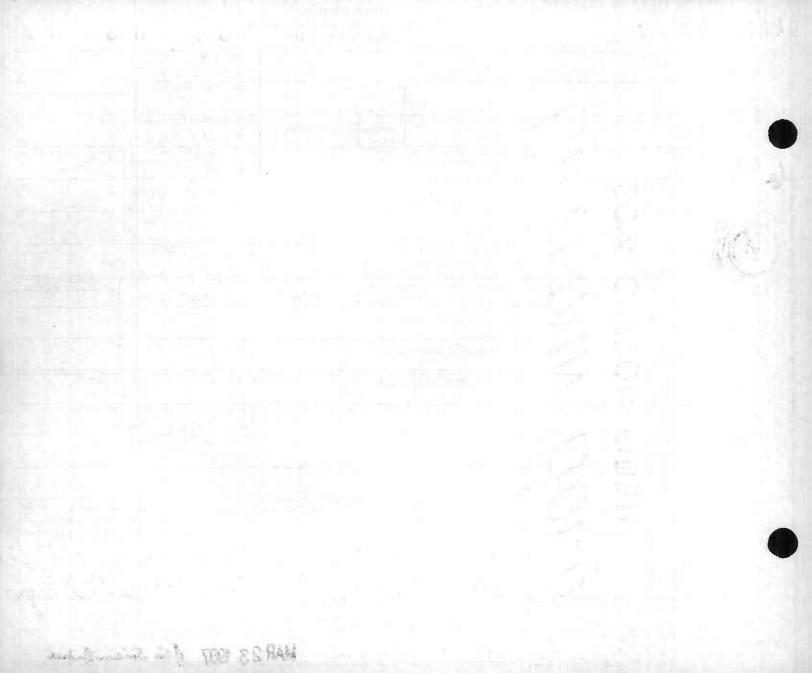
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH G-REGISTRAR DECEASED NAME (TYPE OR PRINT) OF ESTI-Frederick HOLLIDAY August 630, 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS 2d HOUR DATE PRONOUNCED 8-5-1912 108 Male White DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED Maryland USA Garrett County, DIVORCED ID CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY LATOWATE Grantsville Owner-Operator Main Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 1136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Garrett Grantsville Maryl and 130 Main Street. NOF 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Judson Holliday Georg Marv 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 130 Main St., Box 43 day. Grantsville, MD (IF YES, GIVE WAR OR DATES) 198-18-6598 Evelyn H. Holliday, No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). RESTON ST. PART I DEATH WAS CAUSED BY SETWEEN ONSET AND DEATH IMMEDIATE CAUSE (0) Coronary artery disease Years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Arteriosclerosis, generalized gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 130 CERTIFICATION USED / EDED TO THE CHIEF A E SHOULD BE USED A E DEFART ENT OF HE 31 PRICE TO BURIAL, C 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOT 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK CITY OR TOWN TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, VPGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STYLE BALTIMORE, MARYLAND, 2'S BALTIMORE, MARYLAND, 2' 220. I certify that I took charge of the remains described above, held or Autopsy Inspection X Natural causes death resulted from Accident Homicide L. Undetermined manner ACTUAL Oakland, Md. S. 2nd. St., EXAMINER'S NAME James H. Feaster, Jr., M. D. 107 23d LOCATION 230 BURIAL CREMATION REMOVAL 23b DATE Buri al 3-7-1987 Addison Cemetery Addison 07/84 Py Addison, Somerset,
250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 25M **DHMH** - 17 Julea Desidoono Candiana (VR A15 ME (5))

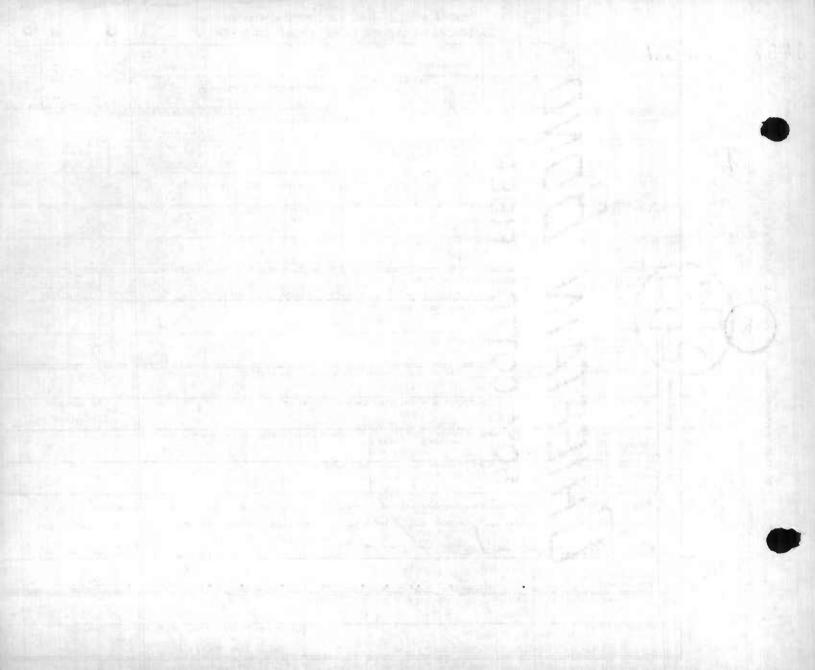
STATE OF MARYLAND

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STATE OF MARYLAND 0 4 8 6 8 8 HAR 31 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Louvina March 18, 1987 Victoria KAMP 6:15A 4. RACE 3. SEX 5. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH Dec. 18, 1916 Female White TO. BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Garrett County, Maryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR I TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Lonaconing Box 87 A (Rural Garrett Co Homemaker Own Home USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13a. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE GARRETT Rt. 1, Box 87 A. Maryland Lonaconing 21539 NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Peter Broadwater Almeda Garlitz Rt. 1, Box A BALTIMORE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 219-20-6135 Otis Kamp, Lonaconing, MD 21539 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (D) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1100 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO T 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) FO 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21 LOCATION ò AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 CITY OF TOWN COUNTY marked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from ___ _, that (I) (we) last sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 226. SIGNATUR DEGREE 22c DATE SIGNED ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN PORTANT should be a with the Sto 724 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS 23a. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION I SPECIFY ITY OF TOWN Mar. 20, 1987 St. Ann; s Cemetery Burial Avilton, Garrett, MD 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Grantsville, MD (VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR KNOWN X DECEASED NAME 2a. DATE ZI HOUR BYTHE OR PRINT! OF ESTI-Luke Edward Kearney DEATH MATED 30 1987 1 AM 3. SEX 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 24 HOUR IE UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White July 29 1915 71 YRS DEAD 30 1987 LIA M 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 1. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED EOREIGNI COUNTRY USA Pennsylvania WIDOWED | DIVORCED TE Garrett IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Ret US Army Kitzmiller Military State St. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 1134 INSIDE CITY LIMITS? 1136 STREET ADDRESS 13a STATE 13h COUNTY 13c CITY OF TOWN Kitzmiller State St. Md Garrett YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Luke Olive Bovce Kearney 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) I UE VES GIVE WAR OR DATES! David A. Burdock Kitzmiller.Md WWIT 216 01 4842 Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (Carcinoma of lung with metastases Months DUE TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 YES [NO X MENT C 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 210 PLACE OF INJURY EATHOME. III. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE Inspection X 22a I certify that Library charge of the remains described above, half the Autopsy and in my apinion Inquiry Hamicide L Undetermined manner death resulted from Natural causes Accident TITLE (SPECIFY) DATE 3-30-1987 MBEPUTY MEDICAL EXAMINER EXAMINER'S NAME James H. Feaster, Jr., M. D. ADD 107 S. 2nd. ST., Oakland, Maryland 23a BURIAL, CREMATION, REMOVAL 23b DATE SPEC Burial Kalbaugh Cemetery Elk Garden Mineral 07/B4 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 125b. REGISTRAR'S SIGNATURE **DHMH - 17** (VR ATS ME (5)) David A. Burdock Kitzmiller, Md. 21538



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b. HOUR (TYPE OR PRINT) Harry Hove KIMMELL March 16, 1987 1130 Pm 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male 1901 White Nov. 85 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA Garrett WIDOWED DIVORCED [II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Cuppett-Weeks Nursing Home (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Oakland None None Route #1, Box 51 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md Garrett 21561 Swanton NO X A FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE EIRST William John Kimmell Sarah Hogue Agnes ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES, GIVE WAR OR DATEST 219-56-9725 Mrs. Ruth L. Wright, See #13 above 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: minutes IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from almali sow the deceased alive an. and that in (my) (our) apinian death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 774. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Oakland, Garrett, Maryland burial 3/19/87 Oakland Cemetery 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Bradley A. Stewart Oakland, Maryland 21550 (VRA 15, 4)

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Sattimork, Maktiano 2120 cote be executed within 4 hours cote be executed within 4 hours cot completely filed in b.	16c. \	S NO OR LINENOWN). (16 YES GIVE WAR OR DATES)										
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN; The law requires that the death certific attending physicion. Wher this certificate has been signed by the attending as the burial-transit permit. Then please remove carrent hand Mental Hygiere prior to burial, cremation, or the and Mental Hygiere prior to burial, cremation, or orked at them A8 showsany injury, or other traumatic		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Column 1								-425		
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STATE OF MARYLAND

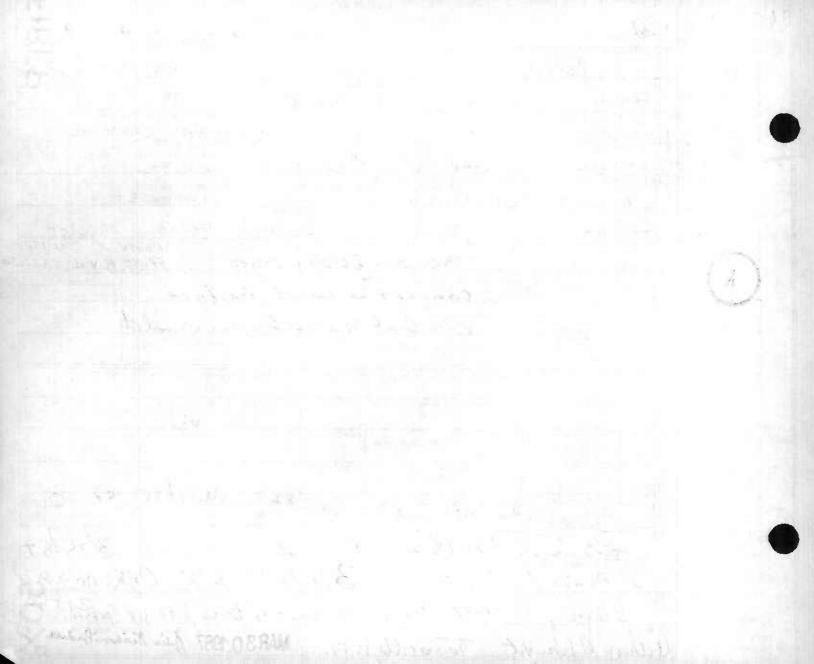
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STATE OF MARYLAND 048984 AP 1-2 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b HOUR (TYPE OR PRINT) 03 87 Lee 25 arrie (-v 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3 SEX 5 DATE OF BIRTH DAY YEAR 9 While Female TO BIRTHPLACE ISTATE OR FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Oakland reston WIDOWEDK DIVORCED [CITY OR TOWN OF DEATH 1.1. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! Dakland sennett Road Manor Nuisingtone Housewife SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)

30. STATE 130. CITY OR TOWN 13a. STATE 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 104 Latrobe PSTON PYYC ATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE TAST Jeorge aylor 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) FRONT APPROXIMATE INTERVAL IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) P.M 19 214 INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET FACTORY, OFFICE, FARM ETC | NOT WHILE AT WORK 220.1 certify that (1) this hospital) attended the deceased from Warch and that in (my) (our) opinion death accurred on the date and hour and from the couses stated obove, (1) (we) did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF should be deto DIRECTOR PHYSICIAN MPORTANT. 22d. PHYSICIAN'S NAME ITYPE OF PRINT 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23d. LOCATION 23b. DATE (SPECIFY) 3-28-87 BURIAL DATE REC'D. BY REGISTRARYSD. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)



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ector. pag	3. SE	Male		4. RACE White		5. DATE O		6 AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR MONTHS DAY	
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINT Russell Brady Leonard 1:5EX 4 RACE 5 DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IE UNDER 24 HRS O'S 18 W 78 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OR FORFIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY U.S. WIDOWED Carrett County CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 126 KIND OF BUSINESS OR Owner Owner FOR MOST OF WORKING LIFE) INDUSTRY Lumber Mill (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Garrett Co. Memorial Hospital Oakland SUAL RESIDENCE (IF NURSING IN IAE OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION) COUNTY 130 STREET ADDRESS / ZIP CODE 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? Markleysburg Favette YES DO NOF 4/FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Sproul Homer Leonard Anne ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) IYES, NO OR UNKNOWN) 173-18-7058 Kathryn VanNosdeln RD 1. Addison, PA 1541 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Cars Conditions, if any, which gave rise to immediate couse (o), stoting the underlying cause lost. bSTIUCT. De PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1:0 9n DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? undice 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 10 PART 1 OR PART 2) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIE EITHER NOTIFY MEDIC ALEXAMINER PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOI WHILE - ebyuaty 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an. and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (wet did (did not) view the bady after death. 22b. SIGMATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR T PHYSICIAN 220 PHYSICIAN'S NAME ITYPE CHIP 22e ADDRESS Friendsville, Md. 21531 George B. Stoltzfus, M.D. P.O. Box 67 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 734 DATE 23d. LOCATION (SPECIFY) Ohiopyle Burial Bryner Ridge Cemetery DHMH - 16 60M 7/B4

Confluence. PA 1542

(VRA 15, 4)

Humbert Funeral

Home

STATE OF MARYLAND

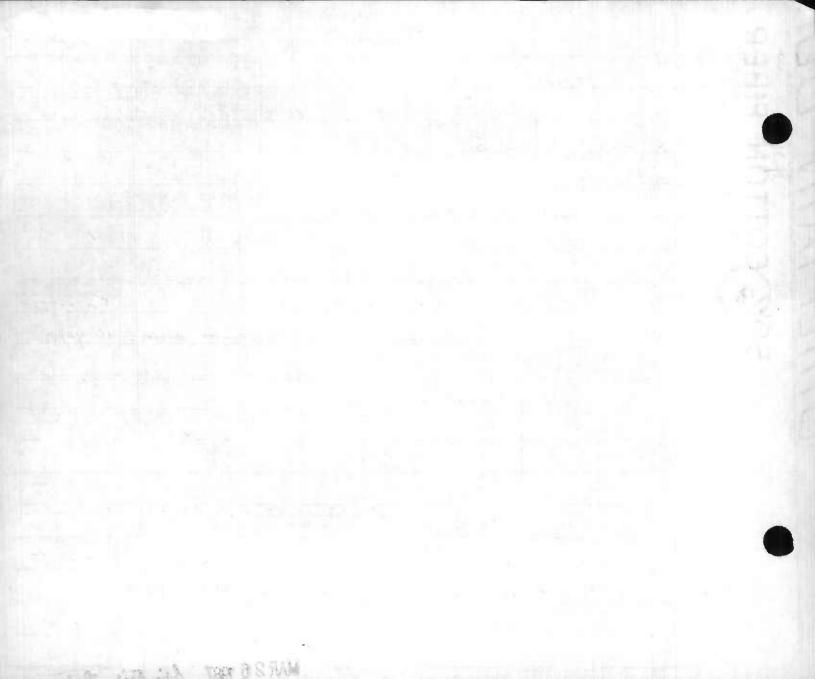
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DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR James F. Scarpelli, Cumberland, MD 21502 (VRA 15, 4)

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH - REGISTRAR 20 DATE OF DEATH MONTH I. DECEASED NAME YEAR 26 HOUR (TYPE OR PRINT) 7:05A Lee Letta 1987 Meyers March 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS DAYS HOURS 8 1897 Mar Female White TO BIRTHPLACE STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Pa. USA Garrett 10 CITY OR TOWN OF DEATH M. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
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PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) Elvin L. Martin Beachley ST. Meyersdale, Pa 230 BURIAL, CREMATION, REMOVAL 23b. DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Buria Mar 24, 1987 Hostetler Ceme RD 3 Meyersdale Som 24. FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256, REGISTRAR MMH-16/0M-1/75 (VII A 15 (4)) MEYERS DALK

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(VRA 15, 4)	1	5 Mulick LOW	tumeral Home	WARDENSUITE W. MAR	17 1 9 1981 Pulia	Dording Kindson



Alberta Ruth RENEKER March 14, 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	YEAR 26. HOUR						
Alberta Ruth RENEKER March 14, 1987 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAY) IF UNDER							
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15. MOTHER'S MAIDEN NAME							
PIRST MIDDLE LAST FIRST MIDDLE	hrev						
ADDRESS TO 146 WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS TO 1.T.	Street						
(YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 276-24-8896 Van R. Reneker - Mt. Lake Park,							
0 0 0	APPROXIMATE INTERVAL						
	a mer a						
immediate Cause (o) toute lenz lailure							
DUE TO, OR AS A CONSEQUENCE OF							
Conditions, if any, which (b)							
cause (a), stoting the underlying cause lost.							
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN F	PART lia						
190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE	E FINDINGS USED						
YES NOW YES NOW YES	CAUSES OF DEATH?						
	NO D						
SE S							
U D D D D D D D D D D D D D D D D D D D							
TO THE PROPERTY OF THE PROPERT	UNTY STATE						
00 4 00 E 220 Learning that (The (this hashing)) oftended the deceased from 10 10 8 6 to 3/14 10 8	7. that (I) (we) last						
saw the deceased alive on 3/13, and that in (m) (aur) apinian death accurred an the date and hour and the bady after death.	rom the couses stated						
A S W D TO TO THE 22th SIGNATURE 12th	t. DATE SIGNED						
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	3/14/87						
22 ADDRESS							
22d. PRISICIAN'S NAME (YEE OR PRINT) 122d. ADDRESS Karl E. Schwalm, M.D. 311 N. 4th St. Oakland, Md.	21550						
O 8 0 2 3 3 7 238, BURIAL, CREMATION, REMOVAL 236, DATE 236, NAME OF CEMETERY OF CREMATORY 236, LOCATION	OH10						
(SPECIFY) . CITY OR TOWN COUNT	TY STATE						
BPBurial 3/18/198/ New Cumberland Cemetery New Cumberland 24 FUNERAL DIRECTOR CONTROL OF REGISTRAR 256 REGI	1- IUSCALAWAS						
	n-Rabia						

Serghered Laterment 60 december 1 STATE Spands 171 215 terring the record Laborate 191 191 The first production of the contract of the first production of the contract o

there I fee this store in the second

49876 APR-		FOR STATE REGISTRAR			DEPARTI	MENT OF I	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 /	0	8 3	70
		CEASED NAME	FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
nay be page 3	TITTE	E1	izabe	eth An	rein :	SCHEF	EL	March 16,	1987		620 PM
ge 4 moy ector, poc rs ofter d	3. SEX Female			4 RACE 5. DATE O June				6 AGE (IN YEARS LAST BIR	THOAY) IF	UNDER I YEAR	IF UNDER 24 HRS.
							23, 1904	82	YRS	DATS	HOURS MIN.
nord din		RTHPLACE (STATE OR FO OUNTRY) Shington,		76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED D DIVORCED	9 BALTIMORE CITY C		DEATH	MD.
by the full with the day of the control of the cont	#0=€I	iyor town of dea Oaklan		(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)	ial Hospital	120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIFE		INDUSTRY	Home
24 hours	13a. S	L RESIDENCE (IF NURSI TATE Md.	13b COUI	OTHER INSTITUTION NTY CETT	GIVE RESIDENCE BEFORE 130. CITY OR TOW Oakla	N	13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS		2	21550
MARYL angletely and 2 st	14. FA	THER'S NAME FIRST George	I	Henry	Amrein		15. MOTHER'S MAIDEN NA Sarah	Anna		Fin	hch
MORE, nond co Pages 1		AS DECEASED EVER (ES_NO OR UNKNOWN)		RMED FORCES? VE WAR OR DATES)	212-74-		George A. S	cheffel, See		bove	
es that the death certificate to that the death certificate to the time of the colompaper territories are colompaper to the colompaper territories are colompaper.		Conditions, if any, gove rise to imm cause (a), stating underlying cause	which lost.	DUE TO, O DUE TO, O (b) DUE TO, O (c)	METAS R AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM	COL	a. of	3	MATE INTERVAL PASET AND DEATH 4 Years
AL RECORDS The low, regulation has been if permit it nere prior it incomes ony in a second or in the second on in the second	CERTIFICATION								VERE FINDINGS USED NG CAUSES OF DEATH?		
NG PHYSICIAN. The low, require otherding physician. The this certificate has been as the build-transit permit. It is athe buviol-transit permit. It is and Mental Hygiene prior it burked or Item 18 shows ony injudiced or Item 18 shows ony injudiced.	MEDICAL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WH AT WORK	AUSE OF DE	P. PLACE	M. MONTH D.	19	21t. HOW INJURY OCCUP 21f. LOCATION STREET	RRED (ENTER NATURE OH INJU		OR PART 2)	STATE
OR ATTENDING OR ATTENDING OR ATTENDING OF A FORM OF A FO		22a. I certify that (I). sow the decease above, (I) TOTAL (I) 22b. SIGNATURE			- 1 - 1	£70	3//2/, 19 8/ nd that in (my) (XX opinion DEGREE			22c DATE	SIGNED
O HOSPITAL (TO FUNERAL E should be deto: with the Store E with the Store E		22d. PHYSICIAN SNA Margare	ME (TYPE O	A AX DR PRINT) KAISE	R, MD	m	ATTENDING PHYSICIAN 220 ADDRESS 311 N 4 5		IAN 🗌		7-87
7 5 5 4 3 m		URIAL, CREMATION, I	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	t.	OUNTY	STATE
BP		buri	al	3/16/	87 Gar	rett	Co. Mem. Gds	. Oakland,	Garret	t. Mar	yland
DHMH - 16 60M 7/84		adlev A. S	tewar	rt Oak	land Man	rvl and	21550 API	R 0 6 1987 RAR	Alic St	SIGNA	RELAKE

4/14

A 1 ***		. 1			STATE OF MARYLAND						
04/	917 1	AR Z	FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	BIENE 8 / REG. NO.	8 3 7 1				
			1. DECEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH - MONTH	DAY YEAR 26 HOUR				
	by be oge 3 death		Leste	r Alv	vin Wilhelm	March 1	7 1987 3:05 pm				
	po po ter d		3. SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS				
	ge 4		Male	White	Dec 19 1905	81 YR					
	Po hav	7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUN	ITY OF DEATH				
	nero in 72	21	Maryland	USA	WIDOWED DIVORCED	Garrett Co	• MD.				
	\$ 1/1 B	1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFET INDUSTRY				
10	of to p	25	Oakland /	Garrett Co	o. Mem. Hosp.	Carpenter.	Const.				
ND 212	24 hours	6	130 STATE W.Va Min	or other institution, give residence JINTY 13c. CITY OF Blai	R TOWN 13d. INSIDE CITY LIMITS?	PO Box 73					
YLA	1	101	FATHER'S NAME		15. MOTHER'S MAIDEN NA	ME	1				
AAR	n 1111	1	Joseph	H. Wilh	nelm Ella	WIDDIE	Wagner				
, KE	沙理是	7	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	L SECURITY NO. 17 INFORMANT	ADDRESS	100				
ALTIMORE, MARYLAND	-	5	(15 YES, NO OR UNKNOWN) (15 YES, G	WWII 232-0	7-7638 Shirley B	ittinger Swa	anton,Md				
ALT	2 2 0 0	/	18 CAUSE OF DEATH (Enter of	only one cause per line for (a), (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
÷.	phy npo		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0) Cana	2	it					
SNS	ding orbo		I TOTAL DO	DUE TO, OR AS A CON	SEQUENCE OF						
PRESTON	death		Conditions, if any, which	(b)							
g.	the c	injury, or other tro	gave rise to immediate cause (a), stating the	couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF							
*	hot by sose of, cr		underlying cause last.	underlying couse lost.							
RDS, 20	equires 1 n signed Then ple ta burio			1	Cancer - uncert	MINAL DISEASE OR CONDITION O	GIVEN IN PART Tro				
DIVISION OF VITAL RECORDS	ow re rmit. prior	1	MEMSTAL 190. DATE OF OPERATION 3/16/8/7 210. ACCIDENT WAS UNDERLYING		VHICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?				
AL &	The lon.	1	3/16/87	S/P chole	101	YES NO H	YES NO				
<u> </u>		18 5	OR CONTRACTOR CAUSE OF D		H DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	IS PART 1 OR PART 2}				
Ö	PHYSICIA rending pl this certif he buriol-t nd Mental	4	(IF EITHER, NOTIFY MEDICAL EXAMIN	ier) P.M.	19						
Sio	PHY endur		21d. INJURY OCCURRED	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 214 LOCATION STREET	CITY OR TOWN	COUNTY				
N	otter the one thought	5	WHILE NOT WHILE AT WORK								
	NDI Or	2		pital) attended the deceased 3/17							
	ATTEN ospital ECTOR d for us	7		on 5/14 nat) view the body after death.		death occurred on the date and I					
	OR DIRE		276. SIGNATURE	P D.14	DEGREE	MEDICAL STAFF	22c. DATE SIGNED				
	RAL dete	4	Donald	1. Melle	PHYSICIAN P	DIRECTOR PHYSICIAN	3/18/8/				
	HOSPITA		27d. PHYSICIAN'S NAME (TYPE		77e ADDRESS						
	ro Hospital etained by to TO Funeral should be de- with the State		Donald R. Ri		Oakland,						
160			230. BURIAL, CREMATION, REMOVA (SPECIFY)		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE				
499	BP_		Burial	3-19-87	IOOF Cemetery	Elk Garder					
111	DHMH - 16 60M 7	/B4	24 FUNERAL DIRECTOR	ADI	DREEC	TE REC'D, BY REGISTRAR 25b. REG					
	(VRA 15, 4)		David A Bur	dock Kitzr	niller.Md.21538	MAR 2 0 1931 4	La Denouve Randares				

